



In re Application of:
TETSUYA YANO

Application No.: 09/430,029

Filed: October 29, 1999

For: DNA FRAGMENT CARRYING TOLUENE MONOOXYGENASE GENE, RECOMBINANT PLASMID, TRANSFORMED MICROORGANISM, METHOD FOR DEGRADING CHLORINATED ALIPHATIC HYDROCARBON COMPOUNDS AND AROMATIC COMPOUNDS, AND METHOD FOR ENVIRONMENTAL REMEDIATION

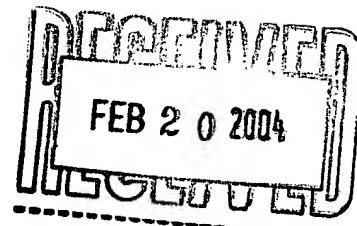
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Docket No.

03500.013982.

Examiner: E. Slobodyansky

Group Art Unit: 1652



Date: February 3, 2004

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

January 3, 2004
(Date of Deposit)

George K. Ng, Reg. No. 54,334
(Name of Attorney for Applicant)
George K. Ng Signature January 3, 2004
Date of Signature

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 132	MINUS	** 120	= 12	x \$9 \$18	\$216.00
INDEP. CLAIMS	* 9	MINUS	*** 9	= 0	x \$43 \$86	\$0.00
Fee for Multiple Dependent claims \$145°/\$290						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$216.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$ 216.00 is enclosed.

Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.

A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 54,334

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200
Form #120
CA_MAIN 76435 v 1